#### NEIGHBORHOOD DEVELOPMENT FUND **Not-for-Profit Request** 11, 2006 DATE: ppropriations Committee TO: seorge Melton **Council Member** FROM: Request for Neighorhood Development Fund to be considered by the Appropriations RE: Committee. IRPEFIlector. have reviewed the attached <u>Proposal</u> in the amount of \$\frac{2000}{1000}\$ through the <u>NDF</u> and have found it complete and within our guidelines. I/We have read the organization's statement of public purpose to be furthered by the funds requested and I/We agree that the public purpose is legitimate. I/We have also completed the disclosure section below. Please add this Grant Proposal Agreement to the agenda of the next Appropriations Committee Meeting. 7 \$2,200,00 Signature of Council Member **DISCLOSURE** List below any relation you have with the organization requesting the grant (your, your family, your legislative assistant or any city employee to this organization and to any member of the organization's board of directors or their employees.)

Approved by:

Appropriations Committee Chairman

OFFICE OF METRO COUNCIL CLERK
RECEIVED
DATE 7/12/04 TIME: 4.05 mm

Date



#### DESCRIPTION OF APPLICANT AGENCY/ORGANIZATION

#### **IDENTIFYING INFORMATION**

| 1.    | Ufficial Name of Agency/Organization (Agency) as listed with the Kentucky Secretary of State:  Jefferson County Public Education Foundation |
|-------|---|
| II.   | Organization number as listed with the Kentucky Secretary of State: 61-1021128  |
| III.  | List any "working" or "does business as" names for organization:  - NA  |
| IV.   | Address of main office: (street and zip + 4) Jaeger Education Center, 502 Wood Road, Suite 201, Louisville, KY 40222                        |
| V.    | P. O. / mailing address if different: (zip + 4)   |
| VI.   | Phone # (502)_ 485-6636 Fax# (502)_ 485-8986  |
| VII.  | E-Mail Linda.Johnson@Jefferson.kvschools.us   |
| VIII. | Agency's Legal Signatory/Title  Name Sam Corbett I inda Johnson  Title Chairman  Director of Development                                    |
| IX.   | Contact person responsible for application:  A. Name: Linda Johnson   |
|       | B. Phone # (502)_485-6636 Fax# (502)_485-8986   |
|       | C. E-Mail <u>Linda.Johnson@Jefferson.kvschools.u</u> s  |

#### **DESCRIPTION OF AGENCY**

I. Describe your Agency's vision, mission and services:

The Jefferson County Public Education Foundation was established in July 1983 to support priority initiatives and secure resources for the Jefferson County Public Schools.

Current Projects include Every 1 Reads (Initiative to ensure every student reads at grade level by2008), Starfish (a water safety program designed to give every child the chance to learn to swim), Basics for Kids Campaign (Clothing and basic school supplies for disadvantaged students), ExCEL awards (For outstanding teachers), and as a conduit for these other programs: AEGON awards, C.O.L.L.E.G.E. Bound, Scholarships/Memorials, and others.

| 11.               | Total number of Board members _13  |
|-------------------|--|
| 111.              | Number of Board meetings held to date in current fiscal year   |
| IV.               | Average attendance at Board meetings   |
| FAC<br>I.         | ILITIES  List location(s) and terms (owned, rented, leased, or donated).  A. NA  B  C.   |
| II.               | D  |
| III.              | Are all facilities handicapped accessible? Yes X _ No  If no, please explain:  |
|                   |  |
| FINA<br>I.<br>II. | ANCIAL INFORMATION Agency's fiscal year from (month)   |
| IV.               | For the <b>current fiscal year</b> , list funds received from Louisville Metro Government, <u>including funds</u> from any department, office, etc. in either the former City of Louisville or Jefferson County. |
|                   | See Appendix for current list  |
| \$                | <u> </u>   |

|        | Α.   | Articles of Incorporation.   |
|--------|--|--|
|        | B.   | Approved budget or executive summary for your Agency's current fiscal year.  |
|        | C.   | Proof of IRS 501(C) (3) status, or application for this IRS status, if applicable.   |
|        | D.   | Staffing structure for entire Agency, including organizational chart.  |
|        | E.   | Board member list; specify chair, vice-chair, secretary, and treasurer.  |
|        | F.   | If your Agency is an employer required to have a written Affirmative Action/Equal  |
|        |  | employment Opportunity policy: copy of policy.   |
|        | G.   | If rent/occupancy costs are being requested: copy of the signed lease.   |
|        | H.   | If program participants have the opportunity to evaluate the services received: one  |
| *      |  | copy each of any forms used.   |
| VI.    | with<br>Louis  | below any relationship any members of your Board of Directors or employees have any Metro Council Member, Council Member's family, Council Member's staff, or any sville Metro Government employee.  |
|        | NA – .   | JCPEF does not engage in lobbying activities   |
|        |  |  |
|        |  |  |
|        |  |  |
| VII.   |  | tify under the penalty of law that the information in this application is account to the   |
|        | inves<br>been  | tify under the penalty of law that the information in this application is accurate to the of my knowledge. I am aware that my Agency will not be eligible for funding if stigation at any time shows falsification. If falsification is shown after funding has approved, any allocations already received and expended are subject to be repaid. I er certify that I am authorized to sign this application for the Agency. |
| Name   | inves<br>been<br>furth                                   | of my knowledge. I am aware that my Agency will not be eligible for funding if stigation at any time shows falsification. If falsification is shown after funding has approved, any allocations already received and expended are subject to be repaid. If the fact that I am authorized to sign this application for the Agency.  |
| Name   | inves<br>been<br>furth<br>e of Les                       | of my knowledge. I am aware that my Agency will not be eligible for funding if stigation at any time shows falsification. If falsification is shown after funding has approved, any allocations already received and expended are subject to be repaid. I er certify that I am authorized to sign this application for the Agency.   |
|        | inves<br>been<br>furth<br>e of Le                        | of my knowledge. I am aware that my Agency will not be eligible for funding if stigation at any time shows falsification. If falsification is shown after funding has approved, any allocations already received and expended are subject to be repaid. I er certify that I am authorized to sign this application for the Agency.  gal Signatory: (type or print)   |
| Title: | investored investored been further of Legarithment ature | of my knowledge. I am aware that my Agency will not be eligible for funding if stigation at any time shows falsification. If falsification is shown after funding has approved, any allocations already received and expended are subject to be repaid. I er certify that I am authorized to sign this application for the Agency.  gal Signatory: (type or print)   |

Provide one copy only of each of the following, as appropriate (4 points):

٧.

## LOUISVILLE METRO COUNCIL APPLICATION FORM FOR NEIGHBORHOOD DEVELOPMENT FUNDS (2006-2007)

| Propos | sed Activity/Need:Junior National Young Leaders Conference   |
|--------|--|
| Name ( | of Applicant Agency: Rutherford Elementary School  |
| AMOU   | NT OF FUNDING REQUESTED #2,200 00  |
| I.     | Contact Person responsible for the Activity described in this proposal:  A. Name Bill Bacon  B. Title FRYSC Coordinator  C. Phone # (502) 485-3879 Fax # (502) Same  D. E-mail Bbacon2 @jefferson.ky12.ky.us   |
| 2.     | If funded, this activity will further which of the major goals of Louisville Metro listed below.   |
|        | Bringing Us Together   |
|        | Keeping Us Safe  |
| -      | Promoting Education and Growing Jobs   |
| X      | Enhancing Neighborhoods and Protecting Our "Louisville" Quality of Life  |
| 3.     | If funded, this activity will strengthen (check one):  |
| X      | Youth (teenagers, ages 13-19) Human Services (Citizens with barriers to meeting basic human needs) Arts/cultural Neighborhoods Business Associations Parks Community Activities and Events Other: if you do not believe your proposal fits any of the above, please describe the nature of your request: |
| A1     | vssa Cooley works tirelessly to strengthen our community   |
| by h   | er work with the homeless, senior citizens, cancer research and other ivic projects in th Iroquois area.   |
| 4.     | If approved, Louisville Metro Funds will be used for (check one)   |
| X      | Operating Funds (cannot exceed 33% of agency's total budget) Programming/services/events for direct benefit to community or qualified individuals Capital equipment (small operating equipment which may be used to benefit the individuals or community being served. (No building or renovations)      |

|    | Each year select students are recognized for the academic achievement and community leadership. This year Alyssa was selected   |
|----|---|
|    | by the classroom teach, Ms. Linda Lucas at Rutherford Elementary.   |
| 6. | Describe the activity being proposed to address the goal.   |
|    | Alyssa must be sponsored to attend the conference in Washinton DC in August 2006. Recognition will be extended for Alyssa's volunteerism in the Louisville Metro Area.  |
| 7. | Describe how the funding is to be used. BE SPECIFIC.  |
|    | Students selcetd across the nation form grades six and seven must   |
|    | pay their tuition for the conference.   |
|    | Alyssa's attendance and continued work in the areas mentioned   |
| EX | will be a definite plus for our community.  PECTATIONS/REQUIREMENTS INCLUDE BUT ARE NOT LIMITED TO:   |
| EX | PECTATIONS/REQUIREMENTS INCLUDE BUT ARE NOT LIMITED TO:  a. Participate in post-award training. b. Make all program and financial records available to any monitors from Louisville Metro to assure compliance with the approved funding.   |
| EX | PECTATIONS/REQUIREMENTS INCLUDE BUT ARE NOT LIMITED TO:  a. Participate in post-award training. b. Make all program and financial records available to any monitors from Louisville Metro to assure compliance with the approved funding. c. Failure to provide the services, programs or projects included in the agreement will result in funds being withheld, or in   |
| EX | PECTATIONS/REQUIREMENTS INCLUDE BUT ARE NOT LIMITED TO:  a. Participate in post-award training. b. Make all program and financial records available to any monitors from Louisville Metro to assure compliance with the approved funding. c. Failure to provide the services, programs or projects included in the agreement will result in funds being withheld, or in requirement for reimbursing Louisville Metro. d. Return to Louisville Metro of any unexpended funds by July 31,   |
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| OM | PECTATIONS/REQUIREMENTS INCLUDE BUT ARE NOT LIMITED TO:  a. Participate in post-award training. b. Make all program and financial records available to any monitors from Louisville Metro to assure compliance with the approved funding. c. Failure to provide the services, programs or projects included in the agreement will result in funds being withheld, or in requirement for reimbursing Louisville Metro. d. Return to Louisville Metro of any unexpended funds by July 31, 2007. e. Documentation of all expenditures (canceled checks, receipts, paid invoices)   |
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#### PROJECT/PROGRAM BUDGET SUMMARY STATEMENT

| 1110000  |                           | S. T. V.    |
|--|---------------------------|-------------|
| AGENCY NAME:kutherford Elementa:   | ry FRC                    | SE SE       |
| Project/Program Name:  | <u>Young leaders</u> Conf | erence      |
| This Project/Program Proposal is $\#_{\underline{}}^{1}$ of $\underline{}^{1}$ |                           |             |
|  | 2006-2007                 | %           |
|  | Round to the nearest      | of Total    |
| REVENUES ANTICIPATED   | \$100                     | Revenue     |
| Louisville Metro Government<br>Requested of Metro Agency: Metro Council        | \$ 2200.00                | 100%        |
| State of Kentucky  |                           |             |
| Federal Government (Including Federal Pass-thru to State)                      |                           |             |
| United Way   |                           |             |
| Fees for Services  |                           |             |
| Private Contributions  |                           |             |
| Interest Income  |                           |             |
| Other Sources  |                           |             |
| (Please specify)   |                           |             |
|  |                           |             |
|  |                           |             |
| TOTAL DEVENUE  |                           | 100%        |
| TOTAL REVENUES   | \$ 2200.00                | 100 /8      |
| OPERATING EXPENSES   |                           |             |
|  |                           |             |
| Personnel (including all fringes)  |                           |             |
| Operating (Contractual and Supplies)   |                           |             |
| Capital Equipment (Small Operating Equipment)                                  |                           |             |
|  |                           | 4000/       |
| TOTAL EXPENDITURES   | \$                        | 100%        |
| Value of in-kind assets, such as donated space,                                |                           | 7           |
| supplies, use of equipment, etc.   | \$                        |             |
| Value of volunteer services and how computed:                                  | • 2000 00 100h 6          | ¢20.00      |
|  | \$ 2000.00 100hrs @       | _p∠U.UU per |

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#### Southwest Airlines Air Itinerary and Pricing

| Αi | r It | ine | era | rv |
|----|------|-----|-----|----|
|----|------|-----|-----|----|

| Trip   | Date   | Day | Stops | Routing | Flight | Routing Details  |
|--------|--------|-----|-------|---------|--------|--|
| Depart | Oct 06 | Fri | N/S   | SDF-BWI | 970    | Depart Louisville (SDF) at 7:00 AM<br>Arrive in Baltimore (BWI) at 8:25 AM |
| Return | Oct 13 | Fri | N/S   | BWI-SDF | 1056   | Depart Baltimore (BWI) at 8:00 PM<br>Arrive in Louisville (SDF) at 9:40 PM |

#### **Pricing**

| Passenger<br>Type | Trip   | Routing | Type of Fare          | Base Fare | U.S.<br>Taxes | PFC    | Security<br>Fee <sup>1</sup> | Passenger(s) | Total    |
|-------------------|--------|---------|-----------------------|-----------|---------------|--------|------------------------------|--------------|----------|
| مار راد           | Depart | SDF-BWI | Advance Purchase Fare | \$89.30   | \$10.00       | \$4.50 | \$2.50                       | 1            | \$106.30 |
| Adult             | Return | BWI-SDF | Advance Purchase Fare | \$89.30   | \$10.00       | \$4.50 | \$2.50                       | 1            | \$106.30 |
|                   |        |         | Total                 | \$178.60  | \$20.00       | \$9.00 | \$5.00                       |              | \$212.60 |

<sup>1</sup> Security Fee is the government-imposed September 11th Security Fee.



#### Save \$20 and receive an instant line of credit, today!

Apply for instant credit with the Southwest Airlines Rapid Rewards Visa Signature card and save \$20 on the first statement. Plus, get 4 bonus Rapid Rewards credits. **Apply Now!** 

#### I accept the conditions of travel for Fare Types listed above and want to complete this purchase.

(Note: Please click on each Fare Type link individually to view associated rules, as the restrictions for each fare may vary slightly.)

Go To Next Step - USA Purchase >>

Or

(For persons living in the United States.)

Go To Next Step - International Purchase >>

(For persons not living in the United States.)

**Start Over** 

Need help booking travel?

| expense     | amount   |
|-------------|----------|
| conference  | 1,799.00 |
| airfare     | 212.60   |
| meals, etc. | 188.40   |
|             |          |
|             |          |
| Total       | 2,200.00 |

If you have any questions, please give me a call.

Nellie Cooley 502-574-8650 502-541-1173

## JUNIOR NATIONAL YOUNG LEADERS CONFERENCE FALL 2006 ENROLLMENT APPLICATION

| Visit our web site at www.cylc.org/jrnylc and enroll directly online with your Student ID: 316495-952281 or complete and return this Farollment Application no later than:  August 9, 2006 | ith your <b>Student ID: 316495-952281</b> or complete and return this<br>In numeric order, indicate the sessions you are able to attend: |
|--|--|
| Iress  |  |
| Miss Alyssa Cooley<br>329 Arbor Avenue   | © October 14 - October 2006  |
| Louisville, Kentucky 40214   | <ul> <li>✓ October 28 – November 2, 2006</li> <li>✓ November 4 - November 9, 2006</li> <li>✓ November 11 - November 16, 2006</li> </ul>  |
|  | الم December 2 - December 7, 2006<br>حج December 9 – December 14, 2006   |
| SECTION 1: STUDENT INFORMATION   |  |
| Gender: 🗆 Male 🕩 Female  | Birth Date: 06/12/1995   |
| Home Phone 509 375-9863  | Cell Phone 503 541-1173  |
| Parent/Guardian Name Nellie Cooley   | Preferred Phone 503 S41-1173   |
| Parent/Guardian Name   | Preferred Phone.   |
| Emergency Contact (MAV-14MM) OF LOWNMY SUNDAWN Relationship to Student acts to the COR   | Melationship to Student & UN C/L   |
| Funergency Contact's Davtime Phone 301 677 3353  | Emergency Contact's Evening Phone 201483 9317  |
| Cumulative GPA 3.0 Grading Scale Used, X4.0 $\square$ 100  | Grade in Fall 2006: A 6th 7th  |
| Parent E-mail D COOley @ jeffer Son Coonty   | Student E-mail 1000 &  |
| (This e-mail will be used for all conference forrespondence.)  |  |

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# SECTION 2. TUITION INFORMATION

School's Mailing Address 301 Scoth Level Bivel (City) Lovis VIIIE

Name of School Rutherford Elementary School

Guidance Counselor's Name (Carol King

State) Ky

Tuition \$1,720 PLUS optional Travel Protection Plan of \$79 = \$1,799 Total

### Current Board of Directors Jefferson County Public Education Foundation

#### SAM CORBETT, CHAIRMAN

SAM MEYERS 3400 BASHFORD AVENUE COURT LOUISVILLE KY 40218 459-4885 Work/473-1129 Fax sctuxedo@AOL.com

#### JAMES R. ALLEN, VICE CHAIRMAN

HILLIARD LYONS 501 SOUTH FOURTH AVENUE LOUISVILLE KY 40202 588-8604/585-8901 Fax JAllen@hilliard.com

#### JOE SEILER, SEC/TREASURER

NATIONAL CITY BANK 31T09B 101 S. 5<sup>TH</sup> STREET 9<sup>TH</sup> FLOOR LOUISVILLE KY 40202 581-4331 Work/581-5160 Fax joe.seiler@nationalcity.com

#### CLAIRE ALAGIA

BITTNERS
731 E. MAIN STREET
LOUISVILLE KY 40202
584-6349 Work
Claire@bittners.com

#### MIKE BROWN

PEPSI-COLA GENERAL BOTTLERS PO BOX 37150 LOUISVILLE KY 40233 368-2581/Ex 228 mike.brown@pepsiamericas.com

#### **KEVIN HABLE**

WYATT TARRANT & COMBS 500 W. JEFFERSON STREET LOUISVILLE KY 40202 589-5235/589-0309 Fax khable@wyattfirm.com

#### **AUDWIN HELTON**

SPATIAL DATA INTEGRATIONS INC 710 WEST MAIN STREET SUITE 108 LOUISVILLE KY 40202 568-2591 Work/568-6929 Fax ahelton@sdimaps.com

#### HENRY HEUSER, JR.

UNISTAR/VOGT
222 S. FIRST STREET
LOUISVILLE KY 40202
635-3229 Work/Fax 635-3022
/Cell 553-2270
hheuser@unistarllc.com

#### STEVE LANGFORD

WAVE TV3 PO BOX 32970 LOUISVILLE KY 40232 561-4139 Work/548-5934 Cell slangford@wave3tv.com

#### **ORSON OLIVER**

325 W. MAIN ST. #1810 LOUISVILLE KY 40202 553-1464(cell)/584-7062 & 584-5984 ooliver@schneidercompanies.com dbondehagen@schneidercompanies.com Home: 141 N. 4<sup>th</sup> Street, Apt. 643 Louisville, KY 40202

#### **JOAN RIEHM**

DEPUTY MAYOR 527 W. JEFFERSON ST. 4<sup>TH</sup> FLOOR LOUISVILLE KY 40202 574-8141/574-5354 Fax Joan.Riehm@loukymetro.org

#### PAUL THOMPSON

E.ON U.S. LLC 220 W. MAIN STREET LOUISVILLE KY 40202 627-3861/627-2995 Fax Paul.thompson@eon-us.com

#### **MATT THORNTON**

THORNTON OIL CORP.

10101 LINN STATION ROAD SUITE
200

LOUISVILLE KY 40223

425-8022 Work/426-4322 Fax
matt@thorntonoil.com

MALCOLM B. CHANCEY, JR., EMERITUS
703 DANSHALL DRIVE LOUISVILLE, KY 40206 mchanceyjr@aol.com

Dr. Stephen Daeschner Superintendent Jefferson County Public Schools 3332 Van Hoose Education Center Louisville, KY 40218

Marty Bell Community Relations Jefferson County Public Schools 3332 Van Hoose Education Center Louisville, KY 40218 Internal Revenue Service District Director

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Department of the Treasury

Date:

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JUL 19 1983

Jefferson County Public Education Foundation, Inc. 416 West Jefferson Louisville, KY 40202 Employer Identification Number:
61-1021128
Accounting Period Ending:
June 30
Form 990 Required: 

| Yes | No

Person to Contact:
Marilyn Miller
Contact Telephone Number:
(513) 684-3578

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(3).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990. Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours

James J. Ryan V District Director

This supersedes our letter of July 1, 1983 in which we classified your non-private foundation status under section 509(a)(1) and 170(b)(1)(A)(vi).

For tax years ending on or after December 31, 1982, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000, instead of \$10,000 as indicated above.

Beginning January 1, 1984, unless specifically excepted, you must pay taxes under the Federal Insurance Contributions Act (social security taxes) for each employee who is paid \$100 or more in a calendar year.

cc: G. Alexander Hamilton Wyatt, Tarrant & Combs Citizens Plaza Louisville, KY 40202